

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

10/538228

APPLICATION

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/					51					
2	/		/					52					
3	/		/					53					
4	2							54					
5	50							55					
6	99		1					56					
7	80							57					
8	99							58					
9	99							59					
10	99							60					
11	88							61					
12	88							62					
13	88							63					
14	88							64					
15	88							65					
16	88							66					
17	88							67					
18	88							68					
19	88							69					
20	88							70					
21	88							71					
22	88		1					72					
23	1							73					
24	1		1					74					
25	88							75					
26	88							76					
27	88		1					77					
28	88		1					78					
29	88							79					
30	88		1					80					
31	88							81					
32	88							82					
33	88		1					83					
34	88							84					
35	88		1					85					
36	88		1					86					
37	88		1					87					
38	88		1					88					
39	88		1					89					
40	88							90					
41	88							91					
42	88							92					
43	88							93					
44	88							94					
45	88							95					
46	88							96					
47	88							97					
48	88							98					
49	88							99					
50	88							100					
TOTAL IND.			3					TOTAL IND.					
TOTAL DEP.			18					TOTAL DEP.					
TOTAL CLAIMS			16					TOTAL CLAIMS					